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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY FORM D

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SEC Mail Processing



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Section Name of Offering (check if this is an amendment and name has changed, and indicate change.) Envestnet Asset Management Group, Inc. Series C Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) X ULOE Type of Filing: New Filing Amendment Washington, DC 111 A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Envestnet Asset Management Group, Inc. Address of Executive Offices Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) (312) 827-2800 35 E. Wacker Drive, Suite 1600, Chicago, IL 60601 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Investment Management Company Type of Business Organization PROCESSED corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed OCT 212008 Month Year Actual or Estimated Date of Incorporation or Organization: 02 05 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: X Actual Estimated THOMSON REUTERS CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exception under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed

Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION...

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

STATE OF THE STATE
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Bergman, Judson Full Name (Last name first, if individual)
35 E. Wacker Drive, Suite 1600, Chicago, IL 60601 Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or GRP II, L.P.
Full Name (Last name first, if individual)
2121 Avenue of the Stars, Suite 1630, Los Angeles, CA 90067
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Chapin, Ross K. Full Name (Last name first, if individual)
1151 Fairview Avenue North, Seattle WA 98109 Business or Residence Address (Number and Street, City, State, Zip Code)
(
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Gordon, James A. Full Name (Last name first, if individual)
900 North Michigan Ave, 14th Floor, Chicago, IL 60611
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Hawn, Gates
Full Name (Last name first, if individual)
48 Post Kennel Road, Far Hills, NJ 07931
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Johnson, James Full Name (Last name first, if individual)
225 West Washington, Suite 1500, Chicago, IL 60606
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Sisteron, Yves Full Name (Last name first, if individual)
2121 Avenue of the Stars, Suite 1630, Los Angeles, CA 90067
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.
 Each executive officer and director of corporate issuers and of corporate general and managing partners of 	partnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Suresh, Siva Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·
100 S. Pointe Drive, Unit 2105, Miami, FL 33139	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
O'Brien, Shelly Full Name (Last name first, if individual)	
35 E. Wacker Drive, Suite 1600, Chicago, IL 60601	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Koontz, Paul Full Name (Last name first, if individual)	
70 Willow Road, Suite 200, Menlo Park, CA 94025	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Kunkler, William	General and/or Managing Partner
Full Name (Last name first, if individual)	
1500 N. Lake Shore Drive, #23A, Chicago, IL 60610	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Lebow, Steve Full Name (Last name first, if individual)	
	90067
Business or Residence Address (Number and Street, City, State, Zip Code)	90067
,,	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Scott, Richard	Managing Partner
Full Name (Last name first, if individual)	
700 11th Street S, Suite 101, Naples, FL 34102	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Greer, Boyce	Managing Partner
Full Name (Last name first, if individual)	
82 Devonshire St., Mail Zone V5D, Boston, MA 02109 Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary	 y)

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2. Enter the information reques	ted for the foll	owing:			
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 Each beneficial owner h 	aving the powe	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer
• Each executive officer	and director of	corporate issuers and of	corporate general and mai	naging partners of	partnership issuers; and
 Each general and mana 	ging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	☐ General and/or
			Disconting officer		Managing Partner
The Envestnet C		Inc.	· •		
16 E. Wacker Di	· ·	to 1600 Ch	icaco II.60	601	
Business or Residence Address				001	
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)			,	
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	 			
Business or Residence Address	(Number and S	Street City State Zin Co	nde)		
	(reamout une t	moon, only, oute, zip co	ac)		
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Full Name (Last name first, if ind	ividual)				
Business or Residence Address	(Number and S	Street City State 7in Co	da)		
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)	<u></u>			
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)		
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Full Name (Last name first, if ind	inid			· · · · · · · · · · · · · · · · · · ·	
r an traine (East name 1115), it mu	(Viduar)				
Business or Residence Address	(Number and S	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	- Evenutius Offices	Director	General and/or
Dodos) mar sppry.	1 TOTACE	☐ Deneticial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first, if ind	ividual)				<u> </u>
Business or Residence Address	(Number and	1 Street, City, State, Zip	Code)		<u> </u>
	(Use blank	sheet, or copy and use	additional copies of this	sheet, as necessa	ry)

		16.00	314			NFORMAT	ON ABOU	T, OFFER	INGS A			in the	
		_										Yes	No
1.	Has the	issuer sold	d, or does ti			•				_			团
•						Appendix		=				0100	
2.	What is	the minim	um investn	nent that v	vill be acce	pted from a	any individ	ual?	**************		*************		000
3.	Does th	e offering	permit join	t ownershi	p of a sing	de unit?			*****	*************	****************	Yes · ⊠	No □
4.		=	ion request		-								_
	commis	sion or sim	ilar remune	ration for	solicitation	of purchase	ers in conne	ction with	sales of sec	curities in t	he offering	.	
			ited is an as: ame of the b										
			, you may s		e informati	on for that	broker or	dealer only	<u>, </u>				
Ful	l Name (l	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Cip Code)					<u> </u>	
Naı	ne of Ass	sociated Br	oker or De	aler						<u>-</u> ·			
Sta	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individua	States)	*****************		****************			*****************	. □ Al	l States
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	MI	NE	NY	(NH.)	TKI	MM	NY	NC	ND	ОН	OK	OR	PA
	RI	SC	SD	IN	TX	LUT	VT	LVA	WA	WV	WI	WY)	PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	sociated Bi	oker or De	aler		· · · · · · · · · · · · · · · · · · ·	·		······				
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	(Check	"All States	s" or check	individual	States)		**************	*************		***************************************		_ Al	l States
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			SD	IN)	TX		VT	VA.	[WA]	W.V.	WI)	[XX]	PR
Ful	l Name (I	Last name	first, if indi	ividual)									
Bus	iness or	Residence	Address ()	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	sociated Br	oker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		····				
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3-7 141-7	AND THE SECONDERING PRICE NUMBER OF THE STURS LOSS ON THE SECOND	्र ा क्षेत्रवर्शन	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	: 	A constant
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	s	\$
	Equity	s	\$
	Common [X] Preferred		
	Convertible Securities (including warrants)	s	s
	Partnership Interests	s	\$
	Other (Specify <u>Units*</u>)	\$9,000,000	\$ 9,000,000
	Total	s	s
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	;	Agmagata
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	14**	\$ <u>8,800,000</u>
	Non-accredited Investors		S
	Total (for filings under Rule 504 only)		<u> </u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees	······ 🔀	<u>\$_80,000</u>
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		S
	Total		\$ 80,000

^{*}Units Consist of (i) 42.933 shares of Series C Convertible Preferred Stock and warrant to purchase 8,586 shares of Common Stock.

sand to proces 5. Indice each check proces Sala Purce and Constant Acquestissue Repairs	Enter the difference between the aggregate offering price given in response to Part C — Question 1 total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceed to the issuer used or proposed to be used for of the purposes shown. If the amount for any purpose is not known, furnish an estimate and k the box to the left of the estimate. The total of the payments listed must equal the adjusted gross eeds to the issuer set forth in response to Part C — Question 4.b above. The total of the payments listed must equal the adjusted gross eeds to the issuer set forth in response to Part C — Question 4.b above. The total of the payments listed must equal the adjusted gross eeds to the issuer set forth in response to Part C — Question 4.b above. The total of the payments listed must equal the adjusted gross eeds to the issuer set forth in response to Part C — Question 4.b above.		Others _
Sala Purce and Cons Acquires issue Repa	of the purposes shown. If the amount for any purpose is not known, furnish an estimate and k the box to the left of the estimate. The total of the payments listed must equal the adjusted gross eeds to the issuer set forth in response to Part C — Question 4.b above. ries and fees	Officers, Directors, & Affiliates	Others _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Sala Purce and Cons Acquire offer issue Repa	ries and fees	Officers, Directors, & Affiliates	Others _ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Purce and Cons Acque offer issue Repa	thase of real estate		
Purce and Constant Acquistress Repairs	chase, rental or leasing and installation of machinery equipment		
and Cons Acquissue issue Repa	equipment		
Cons Acq offer issue Repr Wor	struction or leasing of plant buildings and facilities		
Acqı offer issuc Repr Wor	uisition of other businesses (including the value of securities involved in this ring that may be used in exchange for the assets or securities of another		
offer issue Repa Wor	ring that may be used in exchange for the assets or securities of another		_ 🗆 🍱
Repa Wor			
Wor	er pursuant to a merger)		
	ayment of indebtedness	_	_
	king capital[
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		c	
Colu	mn Totals	\$	<u>X\$8,920,00</u> 0
Tota	I Payments Listed (column totals added)	ൂ \$ <u>8</u>	<u>,920,00</u> 0
特別	A CONTROL OF THE PROPERTY OF T	7	
signature the inform	r has duly caused this notice to be signed by the undersigned duly authorized person. If this notice constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commismation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of I	ssion, upon writt Rule 502.	en request of its staff,
	gement Group, Inc. Signature OBic	Date 9/3	0/08
	Signer (Print or Type)		
Shell	y O'Brien Secretary		